A NEW CHAPTER

Rochester General Hospital president Kevin Casey, MD, shares a lifetime spent in medicine and his vision for the future.

BY MARY STONE

Between him and his father, there has been a Casey on staff at Rochester General Hospital for more than half a century. Kevin Casey, MD, served on staff for 22 years before becoming president in 2018, following Nancy Tinsley, a registered nurse, who became president in 2016.

Casey's father, Thomas Casey, MD, joined the hospital in 1967 as a gastroenterologist. Kevin Casey was five at the time. He later went on to become a gastroenterology specialist himself. Recently, Casey sat down with POST to talk about the changes he has witnessed over the course of his career in health care overall.

He highlights the opportunities for integrating and leveraging strengths among Rochester Regional Health's network of hospitals, and the new chapter Rochester General is about to write with the $253 million Sands-Constellation Center for Critical Care.

POST: Are people aware of the challenges that a hospital has staying modern and relevant and on the cusp of new research?

Dr. Casey: Well, it's an even greater challenge in New York state.

POST: How so?

Dr. Casey: New York state, by law, prevents hospitals from being for-profit entities. So unlike other states, where you see for-profit hospitals, and it's often more common to see beautiful, shiny, bright hospitals when you travel to Florida or Arizona or other states. In New York state, hospitals are inherently not-for-profit institutions.

The impact of that is that if you travel around New York state, a large number of hospitals in the state are in financial trouble. We keep seeing hospitals closing in rural areas in the state. Many hospitals are operating with negative margins at this time around the state, and that makes it much more difficult for hospitals to imagine being able to take on a project of the magnitude that the Sands-Constellation Critical Care Center poses.

In New York state, it requires help from the government, but the biggest difference in New York state is we truly do depend upon donors to help us be able to sustain and enhance the mission to serve the communities that we work within.

In communities like Rochester, it requires our community as a whole to support enterprises like that. And we're lucky to have a community that values and supports philanthropy and traditionally has done that in a variety of ways. But for Rochester General, this is the biggest project that Rochester General has ever undertaken.

POST: Really? In its entire history?

Dr. Casey: It will offer more real estate and certainly at a much greater cost than anything we've ever done before. The last kind of milestone additions: The physical campus at Rochester General dates back to the North Side

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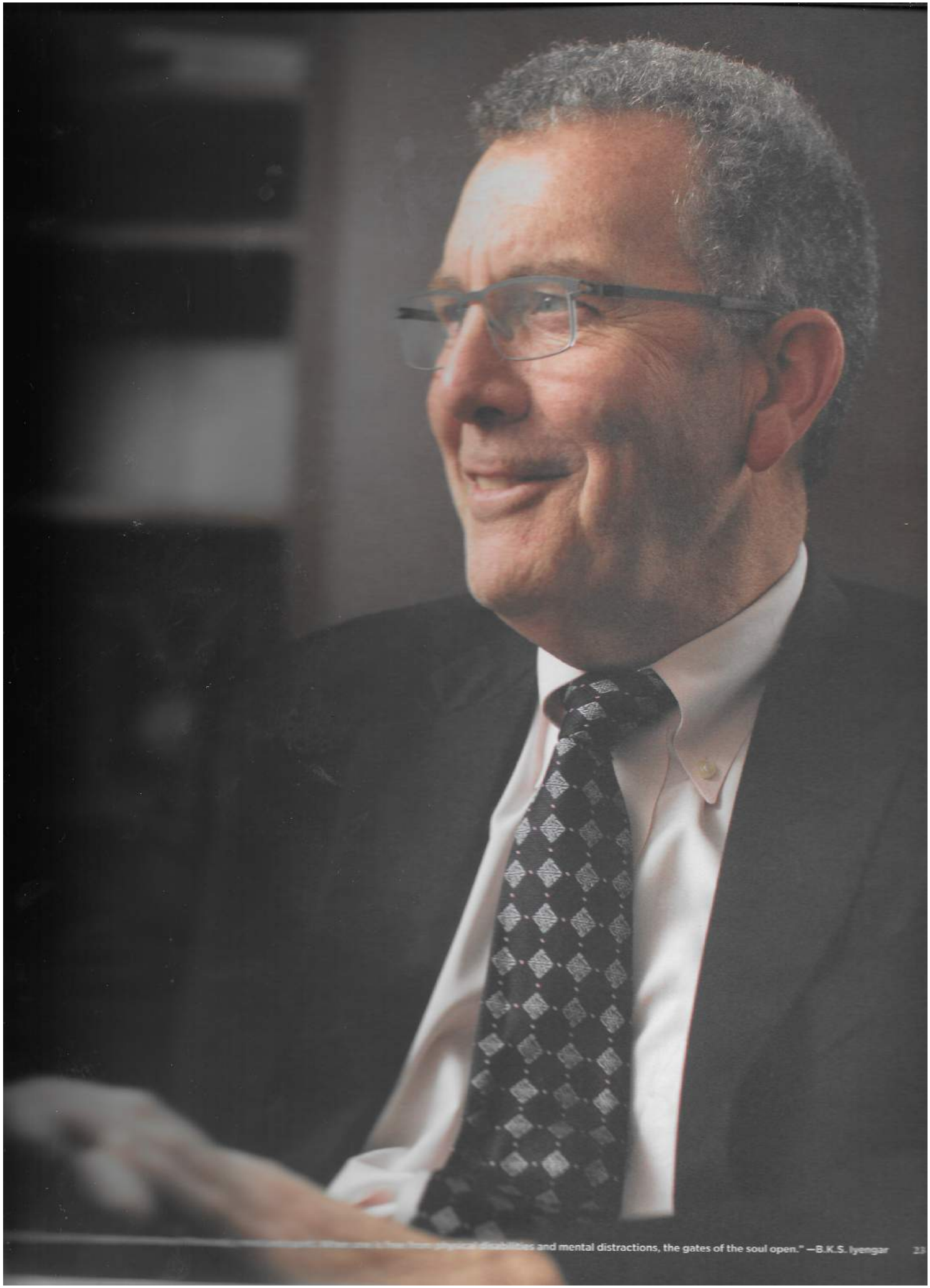


and mental distractions, the gates of the soul open." —B.K.S. Iyengar

the gift in honor of Eugene that brought robotic surgery here.

we now do gynecologic and colorectal surgery We do more colorectal than anybody We are really robotic surgery. It's surgery that can high degree of definibecause of how the surgical with the robot. very fine control for the for the type of surgery and it enables the have a usually much and a much

are there plans to expand further in the capabilities of surgery here?

We continue to the technology that we're robotic surgery. When an operating room you have to build it with of what are the needs be not in 2020 but 2050. ensuring the ability to transfer amounts of data into operating rooms. There needs enough computing power to process imaging.

making sure that the imagthe potential to do 3D from that data is all at the surgeon's fingerwhen they're in the operating to help them enhance the procedures they're doing.

These new rooms are probably double to the size of our existing operating rooms.

POST: And how do you manage to envision what the technology advances are going to be in 2050?

Dr. Casey: Some of that is looking at development patterns in medicine. We're going to far more minimally invasive approaches to things. That means that making sure the operating rooms have space necessary for procedures, whether that's the existing radiologic techniques or even things like intraoperative MRI scanning. So, it's really making sure that the rooms have the ability to accommodate things that we only are imagining at this time.

POST: So, is intraoperative MRI scanning a reality at this point?

Dr. Casey: It's coming. It's coming. You take intraoperative radiation for breast cancer, which is not something that five years ago, 10 years, or let alone almost 30 years ago, when the operating rooms were built, was something that was envisioned. And so it's making sure that the operating rooms have the flexibility to be able to accommodate those things in the future.

POST: So that's one major challenge. Are there others?

Dr. Casey: Well, it's being ready for that next patient, and the next patient in our hospitals today is a lot sicker than our patients were previously. We do a much greater amount of intensive care unit care of patients. The complexities of the management of patients on an everyday basis is much higher than what used to exist in medicine.

POST: Is that due to some environmental reason or is it the way this hospital has consolidated? Why are patients sicker now?

Dr. Casey: Health care has changed. We deliver a lot more care in the home. We deliver a lot more care in the community than we used to. We keep patients in the hospital for shorter periods of time, and our population of patients that we see in the hospital are older.

We're keeping people alive and contributing to their quality of life. So, the complexity of illnesses as we age means bringing patients who can be sicker, a little bit more fragile, into the hospital.

And (illnesses) that individuals 20 years ago would not have survived, we routinely return people home to the same quality of life that they had before their illness.

POST: I'm sure breast cancer is a good example of that. What other conditions are there?

Dr. Casey: You know, you take cardiac conditions, valvular conditions. The length of stay for an acute myocardial infarction when the Northside Pavilion opened here was about 25 days. Postpartum visits were about 10 days. So now an acute myocardial infarction, a heart attack, will leave inside of a three- to four-day window often. And most postpartum visits are less than 72 hours long.

POST: Amazing. Over the course of your career, and I know your father was here, too, how do you feel personally, about how health care has changed over the course of his life and yours?

Dr. Casey: That's one of the fun things about medicine, in practicing medicine, is that there are always breakthroughs. There are always opportunities on the horizon. I tell my patients that we may not have the answer for you now, but it's very likely over your lifetime that significant gains and advances both in the medical treatment of your disease, the surgical treatment of your disease, the drug treatment of your disease will change such that what you think about your disease now will be very different than what you think about your disease potentially 10 years from now, 20 years from now, or 50 years from now.

POST: It's a totally different take on hope. And what a valuable thing hope is to a patient.

Dr. Casey: Absolutely! You know, I think probably in the oncology spectrum, we have diseases that we used to think of as universally fatal diseases. There are types of cancer that now are really more like chronic diseases where we used to talk about five-year survival, but that is an irrelevant term when we know that we can manage the disease and take care of the disease as a chronic illness rather than as if you live five years, declared a long-term survivor. For some of these diseases, we know that we aren't going to cure the disease, but we can truly make people long-term survivors and give them high-quality, longer lives.

POST: You talked about some of the things that the hospital is known for. Are there any other

ospital opening in 1956. That as moving from its Main Street cation. It was on an empty ld, an old estate that was rchased to build the hospital. he space that was constructed en are still places that we use d take care of patients in today.

e important thing to realize out that, is it was built for edicine of the late 1950s. edicine of the late 1950s did t have the technology or quirements in those spaces to accommodate the technology that we bring in to take care of patients today.

The rooms were largely semi-private rooms. Our private rooms that we have in the older part of the hospital are small rooms. In the new Sands-Constellation Critical Care Center, we don't have a single room in the existing hospital that is as large as all of those (new) rooms will be.

All of them will be private rooms.

We did additions to our patient space in the late '60s, and early, '70s. Rooms were built for that time period with an anticipation of what the future might look like. But clearly, we couldn't envision the changes that were going to occur in medicine. Our operating rooms didn't envision robotic surgery, did not envision laparoscopic surgery. They were built for a configuration of devices that was much smaller than what a current state-of-the-art operating room requires today.

It's through the kindness of donors, the interest of donors in the community in advancing medical care in this community that brought robotic surgery to Rochester General. It's that interest, that level of enthusiasm for making sure that Rochester remains a community of high-level care that can push and continue to push the boundaries in medicine that really reinforce why we need donor support to do this.

Grant Taylor

sort of specialties that attract people? We talked about the robotic colon surgery. Are there any other types of services that stand out?

Dr. Casey: Rochester General has a long history of excellent cardiac care, and it continues to be a leader in cardiac care. It's the work that's being done in congestive heart failure management here at Rochester General.

What we call ventricular assist devices offer patients long-term survival. Individuals who had a life expectancy of less than two years, now have a life expectancy much, much greater than that.

The minimally invasive procedures that our cardiologists and cardiothoracic surgeons are doing instead of open surgeries really have revolutionized the management of some cardiovascular diseases. The work that our oncologists are doing in treating complex malignancies truly has changed lives and expectations and hopes for individuals.

We talked about robotic surgery, which, as I say, extends from colorectal surgery, to the work our urologists are doing in the management of urologic malignancies, both malignancies and benign disease with robotic surgery. Add to that what our gynecologists are doing in GYN cancer management, continence procedures; the treatment of benign disease really are on the forefront of work that's being done in those areas.

They've been recognized for the excellence they do. Our gynecologic surgeons received recently their recertification as a center of excellence in minimally invasive gynecologic surgery. Our orthopedic surgeons at this hospital within the past year received the first recognition as a center of excellence by the Joint Commission in total joint replacement outside of downstate New York.

So, there's a tremendous number of exciting areas in medical care that are provided here. I was reading a comment by a patient who said that, you know, Rochester General is kind of a diamond in the rough, and I'd argue with that and say that I think we're more like the light under the bushel. We don't trumpet our successes as loudly as I think we should for the great things that people do here.

POST: In thinking about how the hospital was founded and to think about how far technology has come. Surgeries were being performed in the library without understanding the possibilities of infection. It's mind-boggling to think how far Rochester General has come from those days.

Dr. Casey: Well, it is mind-boggling those changes are really in the life of the hospital, which is 150 years. In my own specialty, diseases that we used to manage by sending patients for surgery, we can now perform a couple 30-minute endoscopic procedures, where folks go home an hour after the procedure.

There are huge advances that happen in medicine on a regular basis that truly change lives every day.

POST: Now how would you characterize Rochester General compared to University of Rochester Medical? How do they complement each other? How do they help each other?

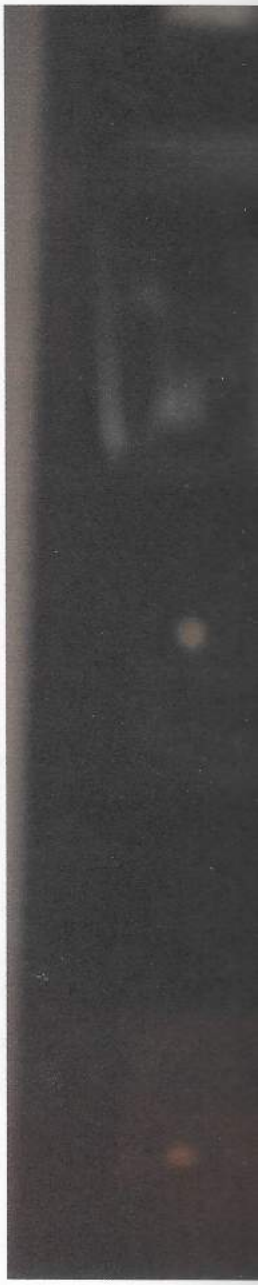
Dr. Casey: We certainly push each other, and there is a value to that. Both of us look to bring technology to this community. Both of us look to advance the care in this community. But we're different institutions, and we do things differently.

Before I became president of the hospital, I was president of the medical staff. And I was continually impressed by the quality of the providers who we have at this hospital. They are a collection of providers who could be practicing at university hospitals throughout the country. I say that because I've been at university hospitals across the country, but they chose to come here because they wanted to be at an institution where excellence of clinical care was at the forefront of what their jobs would be.

They wanted to work with high-quality colleagues and work at an institution where their voices are important, where they are listened to, and they can shape and manage what the care for their patients looks like. This has traditionally been an institution that offers that to physicians, and it has attracted physicians for that reason.

POST: Versus university hospitals where their attention might be diverted to research, for example?

Dr. Casey: Where universities have three parts: clinical



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and publishing in the most select journals. But what this place does best, what it exists for is the care of this community and this region's sickest patients.

POST: I wanted to just talk a little bit on the time that remains about the merger in 2014, how it unfolded, and whether it's complete by now. Unfolding all of those parts into the same mold. Is it an ongoing process?

Dr. Casey: For me, I became president elect of the medical staff the day that the merger occurred. So, it truly has happened during my administrative career. It's never done. What it did was it really enabled us to be able to take the strengths of two different health care systems, Unity Healthcare, and Rochester General Health System, and bring those together to build a network of care for our community.

We are focused on enhancing and spreading that footprint from Clifton Springs and Newark in the east to United Memorial Medical Center in Batavia. The integration of our health care system means sharing electronic medical records between all of these institutions, too.

We have staff that moves between multiple hospitals, and is not

unusual now. We have surgeons who work here and at Unity, here and United Memorial. We have hospitalists who work at all the different hospitals. I was asked the other day by a board member about recruitment. He asked what hospital a new primary care physician would impact. My answer was that (the new physician) was going to impact all of the hospitals because we all have different strengths. We can leverage those strengths to offer the best care to our patients. For a patient who lives in Wolcott, it might mean coming to Rochester to see a neurologist. It might mean going to Unity to get rehab, neurologic rehab care. And it might be returning back to Wolcott to receive their physical therapy at home.

As an integrated health care system, we can leverage all of the benefits and strengths of each one of our hospitals to truly deliver the best care to our patients.

POST: Now, you mentioned Unity and RGH coming together with their specialties. What were some specialties? You mentioned the neurological rehab at Unity. Was that a specialty?

Dr. Casey: Unity has a wonderful brain injury and neurologic rehab program—tremendous strength in that. They have tremendous strengths in orthopedic surgery as well. It's really been how we leverage each of those pieces and strengths and reinforce the existing strengths at other institutions. How we take advantage of bringing care to the community for individuals because of our size and diversity.

POST: In terms of when you say when you look outside this area, are you looking at developments at other hospitals?

Dr. Casey: We're exploring a relationship right now, and this is not new news, with St. Lawrence Health System in Potsdam, New York. They are a significant provider of health care in the North Country. A financially sound health care system that's looking for a partnership with a larger health care system to leverage the advantages that brings to them. We look at it as an opportunity to increase our reach to be able to serve that population.

It offers us abilities to expand in areas that we are working on that will push us, make us stronger. Telemedicine is a great example of something we could become stronger in with a relationship with Canton-Potsdam. So there are benefits that are sometimes not clearly tangible that these make sense for.

POST: So, telemedicine is one area that you're looking to develop in the future through this partnership?

Dr. Casey: We have a fairly significant presence in telemedicine. Our neurologist provides telestroke coverage at all five hospitals, or the other four hospitals outside of Rochester General. So if you present in Batavia United Memorial with stroke symptoms, a neurologist here will work with the emergency room physician who is seeing you at United Memorial, will evaluate the scans obtained at United Memorial, and help expedite the decisions for treatment, both locally and whether that patient benefits by being moved to a hospital that can provide a higher level of care.

POST: Are there any other areas besides telemedicine that you can expand on?

Dr. Casey: Stroke care is the strength of our neurology programs. We have a long tradition in neurology care, both in Rochester, but also at Rochester General in Unity Hospitals. We have received recognition from the American Heart Association, and recognition by the Joint Commission for our stroke care. We continue to challenge our neurologists, our neurosurgeons, our neurointerventionists to offer the highest level of care that we can for patients with stroke and neurologic diseases. They truly do provide exceptional care to patients.

I think what – it's an exciting time here for (new developments in) medicine as well as the move to a brand-new building in (a matter of) months. It has been almost 50 years since we moved into a new space like this. Our last significant construction project on campus was the construction of the Golisano Emergency Room here.

The ability to provide our patients a much more comfortable space, to provide the technology of care, the opportunities for care, to provide private rooms for our patients, and more space for their families – in a beautiful new setting – is really a tremendously exciting thing to see.

When the initial plans for the building were being shown to doctors, I was in a group with physicians, and a question that one of the folks in the room voiced was, "So is this going to be an addition that we're going to work in or be taken care of in, because we have not seen anything ever this magnitude on this campus before?" The answer to that question is it will be a place we work in, a place where we care for patients daily, and where we'll be happy to have our families, friends, community members, and ourselves cared for.

POST: Is there anything that we haven't discussed that you think is important to mention for this story?

Dr. Casey: I view Rochester General very much as a family, and one of the unique things about this place is when you ask somebody to help you, they go overboard in helping. If you get lost in a hallway here, you'll be pestered by people trying to help show you where to go.

It is an institution about caring. People care for each other; they care for the community on a micro level and a macro level. Whether it's filling backpacks for kids starting school and donating supplies through our emergency room, or giving bicycle helmets to kids at local schools, or holding the hand of a patient who's got a new diagnosis of a difficult disease. It is a caring place: That's what I've always loved about Rochester General and loved about working with the people here.